

**Suicide: A Tragedy Affecting All of Us – Riverside County Data & Local Resources**

Date of Release

**SUMMARY**

Suicide is a serious public health problem that can have long-lasting effects on individuals, suicide loss survivors, those living with suicidal thoughts and those who work tirelessly throughout the County to help reduce suicide. The effect of suicide impacts our entire community. However, suicide prevention is possible through focused strategies at all levels of society. Riverside County suicide prevention programs exist, but these efforts are not comprehensive and coordinated. Therefore, on-going efforts and partnerships will be key in achieving the goal of preventing suicide deaths throughout Riverside County. Available help lines are listed in [Appendix A1](#).<sup>1</sup>

Rates of suicidal behavior are a “marker of distress” among people who lack coping skills and resources to manage stress. The suicide numbers in the United States (U.S.) and worldwide are staggering, and worse, they continue to rise. This tragedy crosses all gender, age, ethnic, and socioeconomic backgrounds. Most affected are youth, veterans, older adults, and the LGBTQIA+ (lesbian, gay, bisexual, transgender, intersex, queer/questioning, asexual and many other terms such as non-binary and pansexual) community. In 2020 the Centers for Disease Control and Prevention (CDC) listed suicide as the 12th leading cause of death in the U.S., even higher than homicide (16th). This CDC study also pointed to the fact that there is 1 suicide for every 25 attempted.<sup>2</sup>

The 2022-2023 Riverside County Civil Grand Jury (Civil Grand Jury) investigated the rates and demographic breakdown of suicides in Riverside County from 2019-2022. Given the number of recently reported suicides by the general public, and high-profile individuals (celebrities, politicians, and public figures) – what resources currently exist to mitigate this trend?

Specifically:

- Does current data collection provide adequate county-specific local information?
- How are specific demographic populations impacted?
- What prevention programs are available to people who are considering suicide?
- What counseling programs and services are available to those affected by, or, are suicide loss survivors?

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<sup>1</sup> [Suicide Prevention Strategic Plan for Riverside County – Building Hope and Resiliency](#)

<sup>2</sup> CDC: [Facts About Suicide](#)

- Who administers these programs?
- What are the programmatic target audience, efficacy, and funding levels?

Lastly, it is important to note that suicide data is inconsistent through various collection entities at the local and national level. However, the data shared in this report are the most recent available and indicate a persistent trend of self-harm/suicide attempts, suicide deaths, and increasing death numbers due to drug overdose. Moreover, at the local level, suicide data specific to Riverside County exists but is limited in scope. Expanding on data collection points not collected by state and national efforts would provide a more accurate picture of what is happening here in Riverside and allow for improved targeting of the communities affected.

Riverside County 2021 Suicide Data, referenced from the California Department of Public Health by Riverside County Epidemiology, shows 278 suicides, 2,265 non-fatal self-harm/suicide emergency department visits, and 870 non-fatal self-harm/suicide hospitalizations.<sup>3</sup>

#### **Summary of Riverside County 2021 Suicide Data<sup>4</sup>**

##### **Deaths in 2021 among Riverside County - Suicide**

<b>Year</b>	<b>County of Residence</b>	<b>Age, Summary Groups</b>	<b>Injury Intent</b>	<b>Count</b>
2021	Riverside	10-14	Suicide	0
2021	Riverside	15-19	Suicide	19
2021	Riverside	20-24	Suicide	18
2021	Riverside	25-44	Suicide	113
2021	Riverside	45-64	Suicide	77
2021	Riverside	65-84	Suicide	51
2021	Riverside	85+	Suicide	0

##### **Non-fatal injury ED visits in 2021 among Riverside County - Self-Harm/Suicide**

<b>Year</b>	<b>County of Residence</b>	<b>Age, Summary Groups</b>	<b>Injury Intent</b>	<b>Count</b>
2021	Riverside	1-4	Self-harm	0
2021	Riverside	5-9	Self-harm	0
2021	Riverside	10-14	Self-harm	395
2021	Riverside	15-19	Self-harm	650
2021	Riverside	20-24	Self-harm	302
2021	Riverside	25-44	Self-harm	604
2021	Riverside	45-64	Self-harm	238
2021	Riverside	65-84	Self-harm	76
2021	Riverside	85+	Self-harm	0

<sup>3</sup> Riverside County 2021 Suicide Data, referenced from the California Department of Public Health by Riverside County Epidemiology

<sup>4</sup> Ibid

**Non-fatal injury hospitalizations discharged in 2021 among Riverside County - Self Harm/Suicide**

Year	County of Residence	Age, Summary Groups	Injury Intent	Count
2021	Riverside	5-9	Self-harm	0
2021	Riverside	10-14	Self-harm	102
2021	Riverside	15-19	Self-harm	165
2021	Riverside	20-24	Self-harm	100
2021	Riverside	25-44	Self-harm	283
2021	Riverside	45-64	Self-harm	151
2021	Riverside	65-84	Self-harm	58
2021	Riverside	85+	Self-harm	11

In addition to the aforementioned data from the California Department of Public Health, data from the [Riverside County Suicide Prevention Coalition](#) – a group working collaboratively to eliminate suicide deaths and suicide attempts and increase resources and supports – indicates similar trends and a continuing need for services.<sup>5</sup> During the 2021 Calendar Year in Riverside County the Coalition found:

- 291 suicides
- 1,967 suicide attempts

For the period of July 2021-June 2022 in Riverside County there were:

- 2,097 requests for Riverside University Health System-Behavioral Health (RUHS-BH) Mobile Crisis Response Teams
- 5,909 individuals seen at RUHS-BH Mental Health Urgent Care Centers
- 4,985 calls made to the Inland SoCal Crisis Helpline (951-686-HELP)
- Approximately 11,000 annual calls to the Crisis and Suicide Lifeline (988)

It is the hope that this report and the data presented will shed light on the suicide prevention efforts of agencies and individuals who make daily positive impact in an environment rife with constraints and limitations. The work of Riverside County Suicide Prevention Coalition and its multitude of community partners is responding to the needs of a community coming out of the COVID pandemic era. This collaborative effort should be recognized and supported. Riverside County Departments serving the affected communities are vital in this effort. Focused strategies (based on demonstrated model programs and “one-stop shops”) and integrated services in partnership with RUHS-BH by the following departments would have positive impacts:

- Department of Public Social Services (DPSS)
- Housing Authority of the County of Riverside (to stabilize housing)
- Riverside County Office on Aging (to assist older adults)

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<sup>5</sup> Riverside County 2021 Suicide Data, referenced from the Riverside County Suicide Prevention Coalition by Riverside County Epidemiology

- Riverside County Board of Supervisors, [Youth Commission and its five Youth Advisory Councils](#) (to advise the Board of Supervisors on youth suicide prevention)
- Riverside University Health System Community Health Clinics
- Riverside County Office of Education (RCOE)

## **BACKGROUND**

A reversal of American life expectancy, a downward trend that has now been sustained for more than three years in a row, is a grim new reality of life in the U.S.<sup>6</sup> Suicides and overdoses are factors fueling this drop in U.S. life expectancy.<sup>7</sup> Rates of suicide in these Americans began to rise in the early 1990s, increasing 38% between 1999 and 2017.

- The average life-span was 80 years in 2013, but declined from 2014-2016 for a variety of reasons, chief among them were an increase of drug overdose deaths, especially among Americans between ages 25-64. Life expectancy is currently 76.4 years.<sup>8</sup>
- Suicide was the 3rd highest cause of death in individuals aged 15-24 years (2020 report by the Substance Abuse and Mental Health Services Administration (SAMSHA)).<sup>9</sup>
- Suicide hotlines and suicide text services have increased dramatically during the COVID-19 pandemic.<sup>10</sup>

The fact is that Americans are dying much sooner in life and the trend is that life expectancy and mortality rates in the U.S. is on the decline.<sup>11</sup> For this decline to abate, local response is a necessity. “Creating hope through action” is the triennial theme for the World Suicide Prevention Day from 2021 - 2023. This theme is a reminder that there is an alternative to suicide and local resources can assist in that effort. Fortunately, Riverside County has a multitude of community resources to respond to this issue.

## **METHODOLOGY**

To conduct a thorough investigation, the tools used during the investigation for this report included site tours/visits, interviews, document reviews, attendance at public meetings, and relevant secondary research. Primary data was attained through Riverside County Epidemiology Program Evaluation. The Civil Grand Jury requested Riverside County suicide data covering ages, ethnicity, and veteran’s status. Additional data was attained through the following sources:

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<sup>6</sup> [Suicides and overdoses among factors fueling drop in U.S. life expectancy](#)

<sup>7</sup> Healy, M., Nov. 26, 2019, LA Times, [Suicides and Overdoses Among Factors Fueling Drop in U.S. Life Expectancy](#).

<sup>8</sup> <https://www.cdc.gov/nchs/fastats/life-expectancy.htm>

<sup>9</sup> [Suicide Awareness Voices of Education \(2021\), Substance Abuse and Mental Health Services Administration \(SAMHSA\) 2020: Key substance use and mental health indicators in the United States: Results from the 2019 National Survey on Drug Use and Health](#)

<sup>10</sup> [The Role of Alcohol, Drugs, and Deaths of Despair in the U.S.’s Falling Life Expectancy](#), 2020.

<sup>11</sup> Steven Woolf & Heidi Schoomaker, [Life Expectancy and Mortality Rates in the United States](#), 1959-2017, Nov. 24, 2019, Journal of the American Medical Assn.

- [America's Health Ranking](#)
- [Mayo Clinic, Suicide and Suicidal Thoughts](#)
- [Community Health Needs Assessment Report, Desert Healthcare District](#)

In our attempt to canvas relevant resources in Riverside County, the Civil Grand Jury toured program facilities, met with staff, and participated in community meetings:

- Riverside University Health System – Behavioral Health (RUHS-BH)
- Riverside County RUHS-BH Commission Meetings
- Riverside County Adult Behavioral Urgent Care facility (Riverside)
- Young Adult and Youth Behavior Health facility (Perris)
- Riverside County Office of Education (RCOE)
- Riverside County Department of Veterans' Services
- 5 Detention/Correctional Facilities: Larry D. Smith Correctional Facility, Robert Presley Detention Center, Cois M. Byrd Detention Center, Riverside County Southwest Juvenile Hall, John J. Benoit Detention Center
- Riverside County Coroner & Coroner's Review
- Riverside County Office on Aging (OOA)
- Community Action Partnership of Riverside County (CAP)
- Desert AIDS Project (DAP) Health
- DAP Impact Hour (visitor tours of DAP campus, refer to [Appendix A8](#))
- Riverside County Board of Supervisors

The Civil Grand Jury limited our scope to highlighting the most impacted populations, respective suicide data, and available resources:

- Youth
- Veterans
- Older Adults
- LGBTQIA+

**More importantly, this is not a comprehensive report on suicide prevention efforts in Riverside County. It is an overview reflecting available state and national data as county-specific data collection is insufficient. Budgetary data was requested in an attempt to show Riverside County's financial investment toward suicide prevention. However, only generalized financial data was available.**

## **DISCUSSION**

Any loss of life due to suicide is tragic, premature, preventable, and negatively impacts the surrounding community. To begin examining the problem of suicide, one first needs to define it and then describe some typical signs and behaviors that family, friends, and co-workers can be

aware of that indicate someone may be having suicidal ideations. It is reported that for each suicide at least 6 more people are traumatized.<sup>12</sup> Suicide is defined as the act or an instance of intentionally killing oneself.<sup>13</sup> Mandated reporters include teachers, doctors, medical staff, social workers, fire and police. More importantly, 93% of adults surveyed in the U.S. thought suicide could be prevented.<sup>14</sup> Consequently, everyone can help prevent suicide by learning the warning signs, and promoting prevention and resilience.

**A Brief Overview of the State and National Context**

The CDC collects suicide-related data through the National Violent Death Reporting System from all 50 states to better understand the details, and pinpoint suicide prevention efforts. This includes 600 data points from multiple sources, combining different data elements from each source to inform upstream prevention. Furthermore, data on non-fatal suicidal behavior is critical to identify emerging trends. As well, significant contributors to suicide risk include: mental health, substance abuse, economic security, housing, isolation, and stress. Given these multiple risk factors, a multi-comprehensive approach is needed. This begins with a focus on populations with the highest risks such as youth, older adults, veterans, LGBTQIA+, marginalized populations, the homeless, and people with disabilities.<sup>15</sup>

<b>California Suicide Rate by County (2010-2019)</b> <sup>16</sup>			
	<b>Suicide Incidences</b>	<b>Population (Average)</b>	<b>Suicide/100,000</b>
Riverside	2,592	2,316,562	11.2
Los Angeles	8,284	10,092,503	8.2
San Bernardino	2,181	2,111,259	10.3
Orange	3,220	3,130,290	10.3
San Diego	4,122	3,246,075	12.7
Imperial	132	182,930	7.2

The CDC reported in June 2021 that suicide is one of the leading causes of death in the U.S. States. Moreover:

- Suicide was the second leading cause of death for people ages 10-14 and 25-34
- Suicide was the ninth leading cause of death among people age 35-44, 45-54, and 55-64
- Suicide increased 30% between 2001 and 2021
- Among military veterans suicide rose 36%. There were 48,183 suicide deaths
- Specific to mental health:

<sup>12</sup> [Exposure to Suicide in the Community: Prevalence and Correlates in One U.S. State](#)

<sup>13</sup> [American Heritage Medical Dictionary](#)

<sup>14</sup> [American Foundation for Suicide Prevention, Suicide statistics](#)

<sup>15</sup> [CDC Facts About Suicide](#)

<sup>16</sup> [Suicide Incidence and Rate Dashboard](#)

- One out of six California adults experienced at least four [traumatic adverse events](#) (which include abuse, neglect, and being exposed to violence, mental illness, divorce, substance abuse, or criminal activity) during childhood. This greatly affects depression, anxiety, suicides and PTSD
- Hospitals in the last 10 years have seen a 40% spike in mental health emergencies in young people (15-25 years of age)

### **Riverside County Data**

Primary data was attained through Riverside County Epidemiology Program Evaluation. The Civil Grand Jury requested Riverside County suicide data covering ages, ethnicity, and veterans' status:

- For all deaths by suicide in the County, suicide death was higher in males (885 deaths) than females (223 deaths). The majority of suicide deaths were among White (640 deaths), followed by Hispanic individuals (341 deaths). There were 175 suicide deaths among Riverside County veterans
- Epidemiology Program Evaluation collaborated with the Riverside County Sheriff (Sheriff) and Coroner's Office to confirm the validity of each custody death by suicide

According to data released by RUHS-BH in its Suicide Prevention Strategic Plan for Riverside County – Building Hope and Resiliency, suicide deaths in Riverside County have increased 30% between the years 2007-2017:

- Deaths by Suicide
  - Adults (26-59) accounted for more than half of the suicide deaths
  - Older adults (60+) also represent a significant proportion (29%) of suicide deaths
  - Males accounted for more than two-thirds of the suicides. Males most frequently died by firearms followed by hanging/suffocation
  - Females most frequently died by poisoning, followed by hanging/suffocation
- Suicide Attempts
  - Females more often attempt suicide than males, representing 59% of suicide attempts; whereas males more often die by suicide
  - Among all suicide attempts in Riverside County, 15-19 year-olds accounted for 25% of suicide attempts, and 20-24 year-olds accounted for 17%; both of these age groups represent transition age youth
  - Suicide attempts in Riverside County that resulted in an emergency room visit and/or hospitalization increased by 19% between the years 2006-2014
- 18-24 years olds reported the highest levels of having suicide ideation at 23.7%
- Based on call volume data, more than 6,000 calls were made to the Riverside County Helpline in 2020<sup>17</sup>

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<sup>17</sup> [Suicide Prevention Strategic Plan for Riverside County – Building Hope and Resiliency](#)

- 2019 suicide rates in Coachella Valley far outpaced County, state and national rates, with roughly 19 incidents for every 100,000 people. According to a community health needs assessment report commissioned by the Desert Healthcare District and Foundation, 400,000 Coachella Valley residents experienced one or more of the following:
  - 34% in Coachella Valley have emotional, mental or behavioral problems
  - 20% have been diagnosed with a mental health disorder
  - 29% of children have had adverse childhood experiences – the most common is mental illness in their homes
  - One in five people are below the poverty line.
  - 16% of the population identify as LBGTQIA+
  - 13% of employed adults do not have insurance, but that number is expected to increase as Medi-Cal benefits received during COVID will end March 31, 2023
- The needs assessment also found that approximately a third or more adults had a severe mental health disorder:
  - Thermal having the highest percentage of 41%
  - Cathedral City had 33%
  - Desert Hot Springs 33%
  - Lowest rates were in Palm Springs 29%, Coachella 25%, and Indio 25%

In our investigation, beyond general CDC data and data from a handful of health foundation reports, it is clear that county-specific (i.e., more delineated and expanded data points, and local-level data collection) is deficient. This situation creates a picture that does not reflect the true impact of suicides in Riverside County. Without accurate local data, the extent of the problem is not clear and suicide prevention services and programs will not be appropriately designed. Of note is the disagreement on the definition and classification of "suicide".

People contemplating suicide have different ways they consciously, or subconsciously, reach out for help, or signal what they are contemplating. Studies have been conducted that show “warning signs” that can indicate a person is having ideations of self-harm. Suicidal people may not actually want to die, but are unable to see any other way out of the pain and suffering they are experiencing, and often with distorted cognitive skills, do not see any other way of coping. Moreover, having suicidal thoughts and access to firearms at home significantly increases suicide.

The CDC’s [Suicide Prevention Resource for Action](#) highlights strategies based on the best available evidence to help communities prevent suicide. The strategies and their corresponding approaches are applicable to our local environment.

### Strategies to Prevent Suicide<sup>18</sup>

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<sup>18</sup> [Centers for Disease Control and Prevention, Suicide Prevention](#)

1. Strengthen economic supports
  - Strengthen household financial security
  - Stabilize housing
2. Create protective environments
  - Reduce access to lethal means among persons at risk of suicide
  - Create healthy organizational policies and culture
  - Reduce substance use through community-based policies and practices
3. Improve access and delivery of suicide care
  - Cover mental health conditions in health insurance policies
  - Increase provider availability in underserved areas
  - Provide rapid and remote access to help
  - Create safer suicide care through systems change
4. Promote healthy connections
  - Promote healthy peer norms
  - Engage community members in shared activities
5. Teach coping and problem-solving skills
  - Support social-emotional learning programs
  - Teach parenting skills to improve family relationships
  - Support resilience through education programs
6. Identify and support people at risk
  - Train gatekeepers
  - Respond to crises
  - Plan for safety and follow-up after an attempt
  - Provide therapeutic approaches
7. Lessen harms and prevent future risk
  - Intervene after a suicide (postvention)
  - Report and message about suicide safely

It is most helpful if a person has hopefulness for the future and reasons to live. Prior suicide attempts, a suicide plan in place, access to lethal means, negative emotions and perceived rejection are the highest risks to most suicides. People who have a high level of social support are more protected.

From a service provision and budget perspective, suicide ideations coming into the ER is expensive, especially repeats. RUHS-BH and its multitude of partners is responding on multiple fronts. As an example, RUHS-BH has full service partnerships (FSP) programs that provide intensive wellness and recovery based services for previously un-served or underserved individuals who carry a serious mental health diagnosis and who are also homeless, at risk of homelessness, and/or have experienced numerous psychiatric hospitalizations or incarcerations

related to their mental health disorder. Currently there are three FSP programs for ages 26-59, and three transition age youth programs for ages 16-25.<sup>19</sup>

Another model program is the RUHS-BH Mobile Psychiatric Services (MPS) that began a trial program in 2018. Their treatment plan involves “holding on” to patients and provide behavioral health services until they are sufficiently stabilized and able to use traditional outpatient services, usually taking 3-18 months. They focus on individuals who have had multiple services and costs, but not really getting what they need. Individuals targeted are those who have used crisis type services 6 or more times within the last 12 months. Data is gathered from County agencies, the list is narrowed down, and attempts are made to locate them. Once agreeable, the patient is assessed, a plan put in place, with MPS continuing a relationship with patients throughout the process. Of the trial group, 72% had not returned to seeking crisis services following the next 18 months.<sup>20</sup>

### **Impact of COVID Pandemic on Riverside County Suicide Prevention**

Although suicide did not significantly increase during the pandemic, economic interventions were of great value to alleviate mental health risks. Consequently, there needs to be continued focus on suicide prevention and more holistic mental health stabilization approach. CAL-VEX, a state-representative survey on experiences of violence and impacts of the COVID-19 pandemic published a report in July 2021. Over half of the individuals who had been evicted in the past year considered suicide, and 1 in 5 individuals who lost their job or lacked money for food or basic needs considered suicide. A third of those individuals who considered suicide also bought a gun in that same timeframe.<sup>21</sup>

Of note during the COVID pandemic, the U.S. transitioned to the 988 Suicide & Crisis Lifeline. The bipartisan National Suicide Hotline Designation Act authorized 988 as a new three-digit number for suicide and mental health crisis. The previous 10-digit National Suicide Prevention Lifeline will now be 988 – an easy-to-remember three-digit number for 24/7. All telephone service and text providers in the U.S. and the five major U.S. territories are required to activate 988, a network of more than 200 state and local call centers supported by Health and Human Services (HHS) through SAMHSA. The lifeline also links to the Veterans Crisis Line. This initiative is part of the President’s comprehensive strategy to address our nation’s mental health crisis, investing \$432 million to scale crisis center capacity.<sup>22</sup> However, during investigation of 988, the Civil Grand Jury finds that 988 diverts Riverside calls through the Los Angeles County call center. Calling 988 initially puts the caller on a voice-mail. Upon identifying as a Riverside resident the caller is referred to a secondary number.

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<sup>19</sup> [Full-Service Partnership \(FSP\) Programs](#)

<sup>20</sup> [Riverside County Behavioral Health Commission, Meeting Minutes, February 2023](#)

<sup>21</sup> <https://gehweb.ucsd.edu/wp-content/uploads/2021/07/calvex-2021-suicidality.pdf>

<sup>22</sup> [U.S. Transition to 988 Suicide & Crisis Lifeline Begins Saturday](#)

## **Historical & Legislative Perspective: The Impact to Riverside County**

From a historical perspective, societal and governmental response in the treatment for mental health has been confusing and patchwork. To improve mental health, various measures were put in place over the years by lawmakers and mental health experts. These measures include national insurance, welfare systems, and in some cases, penal codes. For a more detailed historical perspective, refer to [Appendix A2](#).

For a listing of County suicide prevention and early intervention resources, refer to [Appendix A3](#).

## **Youth Suicide: Impact in Riverside County**

The portion of U.S. hospital beds occupied by children with suicidal or self-harming behavior has soared over the course of a decade per an analysis of 4,767,840 pediatric hospitalizations by researchers at Dartmouth College, published March 2023 in the Journal of the American Medical Association (JAMA). It was found that between 2009 and 2019, mental health hospitalizations increased 26% and cost \$1.37 billion. The study did not include psychiatric hospitals or reflect the years of the coronavirus pandemic, suggesting that it is a considerable undercount. Especially striking was the rise in suicidal behavior as the cause:

- The portion of pediatric mental health hospitalizations involving suicidal or self-harming behavior rose to 64% in 2019, compared to 31% in 2009.
- As a proportion of overall pediatric hospitalizations, suicidal behavior rose to 13% in 2019 from 4% in 2009.

Although the rise in suicidal behavior among American youths is well-established, the study underlines the gaping inadequacies in the U.S. health system. Mental health hospitalizations rose significantly in children between ages 11 and 14, but declined in younger and older age groups during the same 11-year period. Girls became a larger portion of mental health hospitalizations, rising to 61% in 2019 from 52% in 2009. Hospitalizations for suicidal behavior rose to 129,699 in 2019 from 49,285 in 2009. Depressive disorders increased to 57% in 2019 compared to 30% in 2009.<sup>23</sup>

Adolescence is a time for young people to have a healthy start in life, yet the number of adolescents reporting poor mental health is increasing. Building strong bonds and connecting to youth can protect their mental health. Schools and parents can create these protective relationships with students and help them grow into healthy adulthood:<sup>24</sup>

- In 2021, the CDC saw an increase in mental health challenges across the board, but it is girls in the U.S. that are engulfed in a wave of sadness, violence, and trauma. Nearly

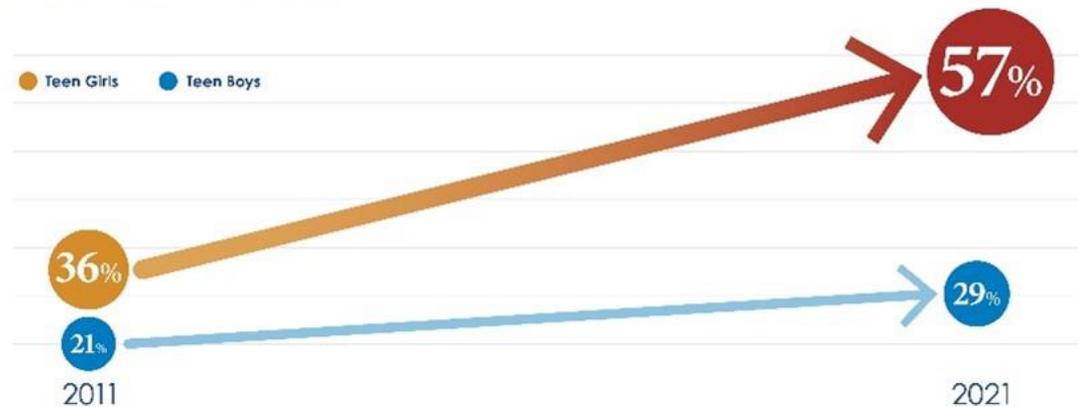
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<sup>23</sup> [Hospitals Are Increasingly Crowded With Kids Who Tried to Harm Themselves, Study Finds](#)

<sup>24</sup> [Centers for Disease Control and Prevention, Adolescent and School Health](#)

three in five reported feeling persistent sadness and hopelessness, 25% of girls reported having made a suicide plan and 14% reported having been forced to have sex.<sup>25</sup>

### TEEN GIRLS WHO PERSISTENTLY FELT SAD OR HOPELESS INCREASED DRAMATICALLY FROM 2011 TO 2021



- New CDC analyses shine additional light on the mental health of U.S. high school students during the COVID-19 pandemic, including a disproportionate level of threats that some students experienced. According to the new data, in 2021, more than a third (37%) of high school students reported they experienced poor mental health during the COVID-19 pandemic, and 44% reported they persistently felt sad or hopeless during the past year. The new analyses also describe some of the severe challenges youth encountered during the pandemic:
  - More than half (55%) reported they experienced emotional abuse by a parent or other adult in the home, including swearing at, insulting, or putting down the student.
  - 11% experienced physical abuse by a parent or other adult in the home, including hitting, beating, kicking, or physically hurting the student.
  - More than a quarter (29%) reported a parent or other adult in their home lost a job.
  - Before the pandemic, mental health was getting worse among high school students, according to prior CDC data. The COVID-19 pandemic has the potential to further erode students' mental wellbeing.
- In February 2023, CDC report raises the urgency to invest in schools as a vital lifeline to help struggling youth:
  - Teen girls are experiencing record high levels of violence, sadness, and suicide risk
  - LGBTQIA+ teens continue to face extremely high levels of violence and mental health challenges

<sup>25</sup> [Teenage girls experiencing record high levels of sadness, violence and trauma, CDC says](#)

- Nearly 3 in 5 (57%) U.S. teen girls felt persistently sad or hopeless in 2021—double that of boys, representing a nearly 60% increase and the highest level reported over the past decade
- While all teens reported increasing mental health challenges, experiences of violence, and suicidal thoughts and behaviors, girls fared worse than boys across nearly all measures<sup>26</sup>
- American Indian suicides peak in adolescence which differs from other race groups. Suicide is the second leading cause of death for American Indian and Alaska Native peoples ages 10-34<sup>27</sup>
- African American children ages 5-12, both boys and girls, are dying by suicide at twice the rate of white children, according to 2019 Mental Health Services Oversight and Accountability Commission report<sup>28</sup>

In 2017, per 100,000 people, there were 628 suicide attempts in Coachella Valley from youth ages 10-24. Compare that with 297 nationally, or 262 in Riverside County. Most disturbing, per 100,000 people, there were 4,928 in Thermal, 932 in Mecca, 883 Desert Hot Springs, and 752 in Indio.<sup>29</sup> In Riverside County, 18% of 9<sup>th</sup> grade students said they had thoughts of suicide, and 20% students in 11<sup>th</sup> grade.<sup>30</sup>

### **The Role of Riverside County Schools in Suicide Prevention**

There is a role for everyone in supporting teen mental health. As we've learned nationally during the COVID-19 pandemic, schools are critical in our communities to supporting children and families. While the expectation is that schools provide education, they also provide opportunities for youth to engage in physical activity and academic, social, mental health, and physical health services, all of which can relieve stress and help protect against negative outcomes. However, the pandemic disrupted many school-based services, increasing the burden on parents, increasing stress on families, and potentially affecting long-term health outcomes for parents and children alike, especially among families already at risk for negative health outcomes from social and environmental factors.<sup>31</sup>

In our investigation, a county-wide youth-led group exists that can assist with suicide prevention efforts. Students in Riverside County get involved in government through the Youth Commission, created in 1998 by the Riverside County Board of Supervisors in order to better respond to and understand youth needs in making policy decisions, and to ensure the

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<sup>26</sup> [New CDC data illuminate youth mental health threats during the COVID-19 pandemic](#)

<sup>27</sup> [Suicide Prevention Resource Center, Racial and Ethnic Disparities http://www.sprc.org/racial-ethnic-disparities](http://www.sprc.org/racial-ethnic-disparities)

<sup>28</sup> [Hurtado and Ramos urge first-ever statewide suicide prevention entity to battle rising suicides amidst COVID-19](#)

<sup>29</sup> [California Suicide and Self-Harm Trends in 2020](#)

<sup>30</sup> [Suicidal Ideation \(Student Reported\), by Grade Level](#)

<sup>31</sup> [Centers for Disease Control and Prevention, Adolescent Mental Health Continues to Worsen](#)

coordination of community resources in order to improve the quality of life of all young people in the County of Riverside. As a county-wide student government, the Youth Commission provides advice, assistance and recommendations on youth-related issues to the Board of Supervisors and County Departments. By working together they host meaningful events that benefit youth. The Youth Advisory Council (YAC) members assist each Supervisor's office by serving their community, representing their Supervisor and providing a voice of youth. Each Supervisorial District has a YAC program for the high school students within that district. Each YAC program provides hundreds of hours of service to the community throughout the school year. Councils create goals each year that help them determine some areas of concentration they would like to have an impact on in their communities.

In 2022, the Riverside County Superintendent of Schools launched four initiatives to support student success: Mental Health is one of the four.<sup>32</sup> The Mental Health Initiative is aimed at addressing the needs of the whole student beyond the classroom. The initiative includes supporting and expanding mental health programs and services within the local educational agencies (LEAs) in Riverside County. For a more detailed discussion regarding the role County schools play in suicide prevention, refer to [Appendix A4](#). RCOE just received an earmark grant of \$16.5 million to have a mental health professional at each school site. A portion of those funds will also go towards elevating college students at RCC, CAL Baptist and CAL State that are pursuing degrees in the behavioral health field. Mental health apps and restorative circles (peer learning) are being used in the classrooms. Suicide prevention presentations occur during school assembly times. Notably, suicide among students was higher in 2021 according to a lead administrator. Each district has their own behavioral health fund, submitting their plan for approval by the supervisor who verifies they are following state expectations.

RUHS-BH surveys the school districts to come up with mental health strategies. In the past few years, RUHS-BH has sponsored a short film statewide contest “Directing Change” to middle school and high school youth, or those 14-25 associated with a college, club, or community based organizations, to create 60-second videos that raises awareness of suicide prevention and other mental health topics.

Currently, there are no psychiatric hospitals in Riverside County for children under 13. RUHS-BH will have a psychiatric unit in the future at the Moreno Valley location. For now, all children with serious behavioral health conditions are hospitalized and/ or treated at Loma Linda University Behavioral Health Institute in Redlands.

For a listing of County youth suicide prevention and early intervention resources, refer to [Appendix A5](#).

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<sup>32</sup> [2022-2023 Riverside County Annual Report to the Community](#)

## Veterans Suicide: Impact in Riverside County

### Suicide Death among Veterans in California, 2019

Table 4: Veteran suicide deaths by county, California residents aged 18 years and older, 2017-2019.

County of Residence	2017	2018	2019	County of Residence	2017	2018	2019
Alameda	16	17	11	Orange	30	42	45
Alpine	0	0	0	Placer	7	9	13
Amador	*	*	*	Plumas	0	*	*
Butte	9	17	9	<b>Riverside</b>	<b>43</b>	<b>52</b>	<b>44</b>
Calaveras	*	*	*	Sacramento	31	32	30
Colusa	0	0	0	San Benito	0	1	1
Contra Costa	16	19	6	San Bernardino	31	37	33
Del Norte	0	*	0	San Diego	110	98	95
El Dorado	7	7	4	San Francisco	9	9	13
Fresno	20	14	15	San Joaquin	14	9	11
Glenn	*	*	*	San Luis Obispo	17	12	9
Humboldt	3	6	4	San Mateo	8	7	8
Imperial	1	1	2	Santa Barbara	13	5	17
Inyo	*	*	*	Santa Clara	22	14	21
Kern	15	16	16	Santa Cruz	6	2	2
Kings	5	3	5	Shasta	14	10	7
Lake	4	2	3	Sierra	0	0	0
Lassen	*	*	0	Siskiyou	*	0	*
Los Angeles	93	108	87	Solano	10	22	11
Madera	2	5	1	Sonoma	7	13	15
Marin	6	4	7	Stanislaus	9	11	12
Mariposa	*	*	0	Sutter	0	2	2
Mendocino	6	2	4	Tehama	2	5	2
Merced	1	3	1	Trinity	0	0	*
Modoc	0	0	0	Tulare	5	5	5
Mono	0	0	0	Tuolumne	3	5	1
Monterey	4	6	9	Ventura	13	25	23
Napa	2	3	4	Yolo	1	4	2
Nevada	4	0	7	Yuba	5	4	2
				<b>Total</b>	<b>636</b>	<b>690</b>	<b>631</b>

\*Numbers are masked due to potential identification as required by the California Department of Health Care Services, Data De-Identification Guidelines (DDG), Version 2.0, November 22, 2016. In the case of county breakdowns, cells are masked when the number of deaths and the resident population are small.

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Data from various sources show that historically, suicides among service members had been lower than civilians, but is now trending higher. It was 50% higher in 2020 than in 2005, and those ages 18-34 increased by 76%. Among military veterans nationally, 22 veterans die by suicide daily.<sup>34</sup> Until the recent changes in the way commanders viewed soldiers seeking mental health assistance, suicidal ideation was considered a career-killer that was a roadblock to

<sup>33</sup> [Suicide Death among Veterans in California, 2019](#)

<sup>34</sup> [Operation Jump 22](#)

advancement. The following, though not an exhaustive list, adds to the symptoms noted above when considering current and retired soldiers:

- Survivor Guilt – Having survived through a combat or very traumatic experience and wondering why they were left alive, when their buddies perished
- Wounded in Action – While some wounds are visible, some are not. WWII, Korean War, Vietnam, and Special Operations Veterans rarely, if ever, talk to families about their experiences. In the case of Special Operations Veterans, National Security prevents them from doing so
- Reintegration – Coming back into general society after combat operations, multiple or long deployments, and trying to rejoin family activities while dealing with PTSD and the realization that things have changed during their deployment, can be triggers for alcoholism, drug use, experiencing depression, anxiety, and suicidal thoughts
- Redeployment after severe injuries
- High exposure to risk
- High rate of traumatic brain injuries
- American’s disinterest or disapproval to the mid-east war
- Sexual trauma – before and during
- Chronic pain – 33% are more likely to attempt
- Macho culture that fears looking weak

At the 2022 State of the Union, the annual message delivered by the President to a Joint Session of Congress at the U.S. Capitol, called on Congress to send him a comprehensive bill addressing the health needs of all current and future veterans. One year later, the Chairman of the House Veterans’ Affairs Committee was instrumental with passage of the Honoring our PACT Act (Promise to Address Comprehensive Toxics) signed into law, extending long-overdue care to over 3.5 million veterans living with the effects of service-related environmental exposure. The implementation of the PACT Act works to reduce incidents of veteran suicide by increasing access to life-saving no-cost mental health care. It prioritizes veteran homelessness prevention efforts to make sure all veterans have safe and stable housing.<sup>35</sup>

During investigation of veterans’ services in the County, the Civil Grand Jury finds that the local Veterans Administration Office has limited staff and service capacity. With current funding, five open positions are slated to be filled, but these new staff will require months of training. Moreover, comparable open positions with higher salary scales in nearby counties create inevitable attrition. The Riverside County Department of Veterans' Services has much to offer, but limited trained staff makes outreach and service provision difficult, and available office hours are inadequate.

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<sup>35</sup> [Congressman Mark Takano, February 2023 newsletter](#)

For a listing of County veterans suicide prevention and early intervention resources, refer to [Appendix A6](#).

### **Older Adults Suicide: Impact in Riverside County**

Nationally, 19% of suicide victims are 65+ years of age. The highest suicide rate is among older adult males ages 85+ and their needs, issues and concerns haven't been pinpointed.<sup>36</sup> Very little research is done regarding this age group:

- Nationally, white men over the age of 85 have four times the nation's overall suicide rate, and half of those who die by suicide have health problems, 33% had a confirmed mental health problem, and 14% previously had been treated for mental health/substance abuse problem
- Of the female older adults who died by suicide, 60% had physical health problems, 53% had a mental health problem and 39% of them had been treated for a mental health and/or substance abuse problem. Half of the women had depression and a history of suicidal thoughts and/or plans. A third of female older adults had a history of suicide attempts
- Among both genders of older adults, 25% had told a family member or medical professional of their suicide ideation. Most of the suicides (80%) occurred at the person's home, and 10% had a family member or friend die recently<sup>37</sup>
- Suicide among Baby Boomers (those born after WWII between 1946 and 1964) appear higher than in previous generations.<sup>38</sup> Baby Boomers suicides escalated in 2007 when the economy took a downturn, rising to 38% in 2010. Reduction in salaries, loss of retirement savings, property values decreasing have been determined to contribute to the rise. Statistics show that 81% of those that took their lives had prior mental health and/or substance abuse problems<sup>39</sup>
- In 2019 in California, 927 confirmed suicide deaths were 82% male, 44% of those were military veterans. More than half of these suicides were caused by firearms, a fourth of them were a result of self-poisoning (highest among older adult females), and just over 10% of them were from hanging<sup>40</sup>
- Locally, older adults in Riverside County make up 17% of the population but 31% of the suicides<sup>41</sup>

Suicide attempts were very low in the 70+ age group, but for those who plan their suicide the rate of success is high. Older adult women were more likely to attempt suicide, as compared to men who succeeded in the act of suicide. Predominately older adult white men were the ones

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<sup>36</sup> [Preventing Suicide in Older Adults](#)

<sup>37</sup> [California Violent Death Reporting Data System Data](#)

<sup>38</sup> [Risk factors for suicide in later life. Biol Psychiatry. 2022;52:193-204. PucMed: 3722669](#)

<sup>39</sup> [Baby Boomer Suicide Rate Rising, May Go Higher with Age](#)

<sup>40</sup> [Injury and Violence Prevention Branch. Older Adult Suicide in California in 2019](#)

<sup>41</sup> [Suicide Prevention Strategic Plan for Riverside County – Building Hope and Resiliency](#)

who not only attempted suicide (80%), but succeeded. The older Hispanic population accounted for 15% of the overall suicide. Blacks had up until 2021 a small amount of suicides, about 5%, but recently has doubled. Asians, and other races over the age of 60 showed only a 2% rate of suicide, although any suicides or attempts are unsettling.<sup>42</sup>

In Riverside County, 22% of older adults living in Coachella Valley have mental health disorders, of which half are due to depression. There are/were 104,811 older adults living in Coachella Valley which is 24% of their population. The 2019 suicide rate in Rancho Mirage was 44 per 100,000, with Palm Springs following at 35 per 100,000. Those statistics are over the top in any demographics, any county in the State, any state in the country. Possible thoughts on the causes are the lack of gerontologists in the desert area, isolation that often comes with retirement, losing mobility as age progresses, lack of transportation/public transportation and connections. Despite the possible causes, social programs are critical for all aspects of healthy aging.<sup>43</sup>

In addition to the aforementioned risks, some of the reasons specific to older adults and the risks to look for should include:<sup>44</sup>

- Depression: Regardless of age, being sad and depressed is not normal and should always be taken seriously. This includes bereavement from loss of a spouse or friend
- Untreated behavioral health illnesses: Acting anxious, agitated, displaying extreme mood swings; Alcohol/drug addiction; No appetite or the opposite, overeating
- Hopelessness: Perceived fear of being a burden, little interest or pleasure in usual activities, feeling tired, no energy, inflexible personality that cannot adapt to change, fear of nursing homes
- Cognitive and/or physical impairment: Trouble concentrating, loss of independence and/or sense of purpose, talking about feeling trapped or in unbearable pain
- Family discord and/or loss
- Financial difficulties: medical bills, low income
- Access to guns
- Overprescribed medications

During investigation of mental health services in the County, the Civil Grand Jury finds that Telehealth visits became more common during the COVID pandemic and a safer alternative for at risk patients. As emergency room visits are not the most conducive place for behavioral health issues, follow-up telephone assessments would be better for older adults as they are less risky, less expensive, and keep behavioral health issues out of the emergency room.

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<sup>42</sup> [Death data EDRS as of December 2021, RUHS – Public Health](#)

<sup>43</sup> [NAMI – Coachella Valley](#)

<sup>44</sup> [NCOA & Age Planning](#)

For a listing of County older adult suicide prevention and early intervention resources, refer to [Appendix A7](#).

### **LGBTQIA+ Suicide: Impact in Riverside County**

There is no one definitive term for the community of people who encompass people who are lesbian, gay, bisexual, transgender, queer, intersex, and asexual. Consequently, the current acronym has evolved as society's understanding of and recognition of diverse sexual identities and gender expressions has expanded.<sup>45</sup> Specific to this population, the Trevor Project whose mission is to end suicide among the LGBTQIA+, reports that suicide is the 2<sup>nd</sup> leading cause of death among young LGBTQIA+. They are four times more likely to consider suicide, make a plan, and attempt suicide.

- One LGBTQ youth, 13-24 years of age, attempts suicide every 45 seconds in the U.S.
- 19% of LGBTQ youth, 13-18 years of age, attempted suicide in 2021. Of those, 8% were 19-24 years of age.

The latest CDC report also confirms ongoing and extreme distress among teens who identify as lesbian, gay, bisexual, or questioning. The report also found more than half (52%) of LGBTQIA+ students had recently experienced poor mental health, more than 1 in 5 (22%) attempted suicide in the past year, with particularly stark increases of harmful experiences among teen girls:

- Nearly 1 in 3 (30%) seriously considered attempting suicide – up nearly 60% from a decade ago
- 1 in 5 (18%) experienced sexual violence in the past year – up 20% since 2017, when CDC started monitoring this measure
- More than 1 in 10 (14%) had been forced to have sex – up 27% since 2019 and the first increase since CDC began monitoring this measure
- Compared to their counterparts, LGBTQIA+ youth and female youth reported greater levels of poor mental health; emotional abuse by a parent or caregiver; and having attempted suicide<sup>46</sup>

Palm Springs, Cathedral City, and Rancho Mirage are among the top 10 small cities in the nation with the most same sex households. Of that population, 65% have reported emotional and mental behavioral concerns in 2021. In the Inland Empire there are an estimated 27,000 transgender people and 82% have considered suicide in their lifetimes.<sup>47</sup>

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<sup>45</sup> [From LGBT to LGBTQIA+: The evolving recognition of identity](#)

<sup>46</sup> [New CDC data illuminate youth mental health threats during the COVID-19 pandemic](#)

<sup>47</sup> [Community Health Needs Assessment Report, Desert Healthcare District and Foundation, September 2, 2021](#)

In our investigation, services to the LGBTQIA+ population seem to be more robust in the Desert region of the County, or available via hotlines and websites. This network would be beneficial if it were replicated throughout the County.

For a listing of County LGBTQIA+ suicide prevention and early intervention resources, refer to [Appendix A8](#).

## **Conclusion**

Given the data presented in this report, building life skills, such as coping and problem-solving skills, emotional regulation, conflict resolution, and critical thinking are important in protecting individuals from suicidal behaviors. Impulsiveness and aggressive behavior seem related to suicide. Furthermore, after one suicide attempt, another will likely follow within weeks, months or even up to two years.

Currently, Riverside County suicide prevention services are attempting to meet the needs of this growing public health trend.

- However, the dearth of county-specific data is a barrier to understanding the real impact of suicides and creates preventable challenges to service provision. Improving or expanding suicide prevention services does not guarantee that they will be used by the people most in need, nor increase the number of people who follow recommended referrals or treatment.
- Accessibility is key. As a model for what works, it is recommended to enhance partnerships. It is paramount that counselors, social workers, health care providers, project managers, city council members, law enforcement, etc. come together and Riverside County's Suicide Prevention Coalition have done just that, their first annual conference in October 2022, and quarterly meetings open to the public via zoom.
- Gatekeeper training for teachers, coaches, clergy, emergency responders, primary and urgent care providers, and others in the community that have interactions with people who could be at risk for suicide, can lead to better and effective responses and guidance.
- Suicides increase during economic recessions, so strengthening economic supports (i.e., unemployment, livable wages, medical benefits, housing, government subsidies, loan modifications, financial counselling) are vital.

There are, nonetheless, reasons for optimism.

- RUHS-BH continues to expand and enhance its 79 operational sites, 140 community based organizational sites, 100 school sites, and services to 60,000+ consumers per year.
- In May 2022, California's Governor announced \$50 million for the establishment of the California Veterans Health Initiative (CVHI). The CVHI will deliver a comprehensive, coordinated statewide approach to ending veteran suicide by focusing on prevention, early intervention, and direct services to effectively combat the risk factors associated

with suicidal ideation. The CVHI will bolster awareness, outreach, and education efforts, as well as an increase capacity through coordinated support of the community-based systems of care. The Initiative consists of three main components, including:

- Outreach and Education Campaign (\$5 million). To address the risk factors associated with veteran suicide through an awareness campaign that educates veterans, stakeholders, partners, and the broader community on the knowledge, behaviors, and attitudes surrounding veteran suicide. The campaign will target prevention activities, and promote health and wellness.
- Veteran Mental Health Support Network (\$40 million). To expand access to mental healthcare for veterans and their families by supporting a network of veteran-specific mental health clinics throughout the state. Crisis intervention and treatment would be inclusive, equitable, and available to veterans regardless of age, period of service, type of service, discharge status, or disability rating.
- Veteran Suicide Surveillance and Review Program (\$5 million). To establish a multidisciplinary team of professionals and stakeholders focusing on the identification and collection of veteran specific suicide data. Additionally, the team will coordinate a statewide assessment of veteran’s mental health and provide recommendations on future prevention, intervention, and post-intervention strategies.<sup>48</sup>
- California’s Governor plans to build 1,200 small homes across the state for the homeless at a cost of \$30 million (budget is inclusive of land, or rent of the land, construction, maintenance, etc.). Federal government requires cities to have shelter beds available before clearing out homeless encampments.

## **FINDINGS**

F1: The Civil Grand Jury finds county-specific suicide data collection is deficient. Without local data, the extent of the problem is not clear and suicide prevention services and programs will not be appropriately designed.

F2: The Civil Grand Jury finds two observations during this investigation:

- (1) Despite reasonable efforts to improve the design of forms and to establish single points of contact, citizens still perceive intake forms as cumbersome; and
  - (2) Citizens expect governments to act proactively by initiating appropriate government services themselves, instead of relying on requests for services from users.
- Therefore, offering County residents the convenience of having multiple needs met in one physical location is a continuing need.

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<sup>48</sup> [California Veterans Health Initiative to Combat Suicide and Address Mental Health](#)

F3: The Civil Grand Jury finds Riverside University Health System – Behavioral Health has significant partnerships with Riverside County agencies and community partners to serve the needs of County residents.

F4: The Civil Grand Jury finds that 988, the newly established [Suicide & Crisis Lifeline](#), diverts Riverside calls through the Los Angeles County call center. Upon identifying as a Riverside resident the caller is referred to a secondary number. Though interpretation into over 240 languages and dialects is marketed as available 24/7 with average time to be connected to an interpreter within 17 seconds, this was not our experience when requesting interpretation.

F5: The Civil Grand Jury finds that the Riverside County Board of Supervisors Youth Commission and its five Youth Advisory Councils has the capacity through its relationship with schools and youth to advise the Board of Supervisors on youth suicide prevention.

F6: The Civil Grand Jury finds that military veterans are currently served by a core committed team at the Riverside County Department of Veterans' Services. However, staffing and budgeting constraints have hampered the team's capacity to connect veterans to the many resources available at State and Federal Veterans Administration.

F7: The Civil Grand Jury finds that a telephone behavioral health assessment could be an effective approach for identifying and managing behavioral health issues in older adults, perhaps paving the way for alternative ways to seeking and receiving mental health help among the homebound.<sup>49</sup>

F8: The Civil Grand Jury finds that services to the LGBTQIA+ population exist in a patchwork fashion and mostly through non-profit agencies. A more visible and focused strategy at the County level is not apparent.

## **RECOMMENDATIONS**

R1: The Civil Grand Jury recommends the Board of Supervisors support more delineated county-specific suicide data collection through Riverside County Epidemiology Program Evaluation and its community partners.

Based on Finding(s): F1

Financial Impact: Moderate

Implementation Date: June 30, 2024

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<sup>49</sup> [Validation of telephone-based behavioral assessments in aging services clients. Yeates, Conwell. Epub 2017 Sep 20](#)

R2: The Civil Grand Jury recommends the Board of Supervisors focus on creating a more connected systems approach (inclusive of all County agencies) for County residents seeking resources. Consider implementation and enhancement of “one-stop shop” strategies from proven, evidence-based, government administration models by bringing together County services in one location that can benefit all residents in accessing healthcare, transportation, referrals, and services.

Based on Finding(s): F1, F2, F3, F5, F6, F8

Financial Impact: Moderate

Implementation Date: June 30, 2024

R3: The Civil Grand Jury recommends the Board of Supervisors to continue supporting and enhancing the implementation of model suicide prevention programs and strengthen existing programs that foster social emotional growth, trauma-informed practices, continuity of care, and a continuum of crisis services across the County. Specifically, enhance applicable programs and services within Riverside County Suicide Prevention Coalition (to expand services), Housing Authority of the County of Riverside (to stabilize housing), Riverside County Office on Aging (to assist older adults), and the Youth Commission and its five Youth Advisory Councils (to advise the Board of Supervisors on youth suicide prevention).

Based on Finding(s): F3, F5, F6, F7, F8

Financial Impact: Minor

Implementation Date: December 31, 2023

R4: The Civil Grand Jury recommends Riverside University Health System - Behavioral Health to continue supporting the work of Riverside University Behavioral Health Commission & Regional Advisory Board and its many Standing Committees (Adult System of Care Committee, Children’s Committee, Criminal Justice Committee, Housing Committee, Legislative Committee, Older Adult Integrated System of Care Committee, and Veteran’s Committee). Consider behavioral health assessments among the aging via telephone in Riverside County as an effective approach for identifying and managing behavioral health issues in older adults and as an alternative way to seek and receive mental health help among the homebound.

Based on Finding(s): F2, F3, F6, F7, F8

Financial Impact: Minimal

Implementation Date: September 30, 2023

R5: The Civil Grand Jury recommends Riverside University Health System - Behavioral Health continue evaluating crisis team services to identify gaps in service provision and potential funding sources.

Based on Finding(s): F3

Financial Impact: Minor

Implementation Date: March 31, 2024

R6: Though Riverside County has expanded its trainer base for Frontline and Gatekeeper training (ASIST<sup>50</sup>, SafeTalk, Mental Health First Aid, and Know the Signs) and established El Rotafolio as a Spanish version of SafeTalk, the Civil Grand Jury recommends Riverside University Health System-Behavioral Health to enhance training for RUHS social workers to look for and recognize signs and symptoms of potential suicides during home visits and County detention center mental health program intake.

Based on Finding(s): F2, F3, F6, F7, F8

Financial Impact: Minimal

Implementation Date: March 31, 2024

R7: The Civil Grand Jury recommends the Board of Supervisors and Riverside County of Education partner to:

1. Collect more delineated Riverside County specific suicide data.
2. Continue to place more mental health care services in school and community settings.
3. Enhance partnerships between schools and County programs.
4. Be fully aware of the limitations of 988 as a resource until services are more operational, and work with the Los Angeles County call center to improve 988 service to Riverside County residents.

Based on Finding(s): F1, F3, F4, F5, F8

Financial Impact: Moderate

Implementation Date: September 30, 2023

## **REQUIRED RESPONSES**

Pursuant to Penal Code §933(c) and §933.05, and Board of Supervisors policy A75, the Riverside County Civil Grand Jury 2022-2023 requests the following:

Required Responses with Findings

- County of Riverside Board of Supervisors  
F1, F2, F3, F5, F6, F7  
R1, R2, R3, R6
- Housing Authority of the County of Riverside  
F2, F3  
R2, R3, R4
- Riverside County Office on Aging  
F2, F3, F7  
R2, R3, R4, R6

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<sup>50</sup> [ASIST Suicide Prevention Training Program](#)

- Riverside University Health System, Behavioral Health  
F2, F3, F4, F7, F8  
R2, R3, R4, R5, R6, R7
- Riverside County Office of Education  
F4  
R7
- Riverside County Department of Veterans' Services  
F2, F3, F4, F6  
R2, R4, R6
- Riverside County Epidemiology Program Evaluation  
F1  
R1
- Riverside University Health System, Behavioral Health Commission  
F2, F3, F7, F8  
R2, R3, R4, R5, R6

#### Invited Responses

- Desert AIDS Project (DAP) Health
- Desert Healthcare District and Foundation

## REFERENCES

### Glossary

**Adverse Childhood Experiences (ACEs):** affect nearly two million children in California across socioeconomic lines, putting them at risk for health, behavioral, and learning problems. ACEs are traumatic childhood experiences - which include abuse, neglect, and being exposed to violence, mental illness, divorce, substance abuse, or criminal activity in the home - that often leave people more vulnerable to environments and behaviors that can lead to poor health. The more ACEs an individual has experienced, the higher their risk climbs.<sup>51</sup>

**Deaths of Despair:** Princeton economists Anne Case and Angus Deaton coined the term “deaths of despair” refers to fatal drug overdoses, alcohol-related diseases, and suicides.<sup>52</sup>

**LGBTQIA+:** An abbreviation for lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual, and more. These terms are used to describe a person’s sexual orientation or gender identity.

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<sup>51</sup> [The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis](#). *Lancet Public Health*, 2, e356–66.

<sup>52</sup> [Deaths of despair redux: a response to Christopher Ruhm](#)

**One-stop shop:** In public administration, a government office where multiple services are offered, allowing customers to access these services in a centralized location rather than in different places. One-stop shops are often established in part as a means to reduce both regulatory and administrative burdens. These are rationales as to why governments might introduce one-stop shops to adapt and improve the provision of public services.<sup>53</sup> The literature supports interrelated reasons for the establishment of one-stop shops:

- Enhanced coordination across and within levels of government
- Holistic user-friendly, and user-orientated service

**Suicide:** The act or an instance of intentionally killing oneself. American Heritage Medical Dictionary.

**Youth Advisory Councils (YACs)**<sup>54</sup>: The Riverside County Board of Supervisors created the Youth Commission in 1998 in order to interact on a personal level with Riverside County youth, better respond to and understand their needs in making policy decisions. As a county-wide student government, the Youth Commission provides advice, assistance and recommendations on youth related issues to the Board of Supervisors and County Departments. In addition, the Youth Commission focuses on the educational, recreational and cultural needs of youth by working together to host meaningful events that will benefit youth. The Commission works to ensure the coordination of community resources in order to improve the quality of life of all young people in the County of Riverside. The Youth Advisory Council members assist each Supervisor's office by serving their community, representing their Supervisor and providing a voice of youth to the County. Each of the Five County Supervisors has a Legislative Intern assigned to their district who manages their Youth Advisory Council. The Intern is the YAC Coordinator and is the direct connection between the students and the Supervisor's office. YAC Coordinators oversee all aspects of their council, plan events, facilitate meetings, recruit students and act as mentor for our youth participants. All five YAC Coordinators work together with the Youth Commission Program Coordinator to plan the Commission's annual events, meetings and community collaborations.

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<sup>53</sup> [One-Stop Shops for Citizens and Business](#)

<sup>54</sup> <https://rivcoyac.org/>

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Up2Us-Riverside<sup>55</sup>: <https://up2riverside.org/learn/after-a-suicide>

## Appendix

### A1: Suicide Prevention Help Lines

- Inland SoCal Crisis Helpline: 951-686-HELP (4357)
- If you or someone else needs support, a trained crisis counselor can be reached by calling the National Suicide Prevention Lifeline: 800-273-TALK (8255)
  - Crisis Text Line provides free, confidential, 24/7 support by texting TALK (8255) or HOME (4663) to 741741
  - Press 1 for the Military Crisis Line to connect to Department of Veterans Affairs responder, or text 838255<sup>56</sup>
- National Suicide & Crisis Lifeline: 988 (toll-free, 24/7, multiple languages)
- Trevor Hotline (LGBTQIA+): 866-488-7386, or text
- Survivors or families who have had a loved one die by, or attempt suicide, can seek support through the *It'sUp2Us-Riverside CARES* line: 800-499-3008

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<sup>55</sup> [Warning Signs for Suicide](#)

<sup>56</sup> [DoDSER \(Department of Defense Suicide Event Report\), CY 2020 Annual Report](#)

## A2: Historical & Legislative Perspective

The year 1963 marked the creation of the Community Mental Health Act when the State's responsibility for mental health became Federal. The goal was to create community mental health centers where patients received care but still lived within the community. Medicaid and Medicare began in 1965. People in psychiatric hospitals were not eligible to receive benefits, so many were released. Moreover, the Lanterman-Petris Short Act of California in 1967 ended the practice of institutionalizing patients against their will. The result was jail incarcerations doubling the following year.

The Omnibus Budget Reconciliation Act of 1980 switched from the Federal government's responsibility for mental health back to the State level. In 1991, counties were given control of mental health programs. They were funded by sales tax and Department of Motor Vehicles fees. Institutionalized patients were encouraged to seek help from their State agencies. Due to the shortage of services, resulting in criminalization of the mentally disordered, the Bronzan McCorquodale Act/Realignment of 1991 was passed to provide community support and vocational services. Specifically, funding came from state taxes and gave counties more control of resources previously used for State hospitals. Moreover, counties could not deny any person from receiving services as long as the resources were available. In 1999 California required private health plans to provide comparable benefits, deductible, and copays for physical health and serious mental illnesses.

Laura's Law enacted in 2002 allowed counties to build court ordered treatment programs. The Mental Health Services Expansion and Funding Tax on incomes over \$1 million was enacted in 2004 through Proposition 63. Approved by California voters, this created the Mental Health Services Oversight and Accountability Commission to drive transformational change across the state's mental health system and provided the funding needed to transfer California community Mental Health from a crisis-driven system to one focused on preventative and wellness system aimed at expanding services to underserved populations. The Affordable Care Act 2010 required insurers to provide essential mental health services. The Public Safety Realignment/AB100 came to be in 2011. It amended the previous Mental Health Services Act to streamline the approval process of mental health programs being developed. A portion of State sales tax was to be deposited in each county's behavioral health account. SB211 California is a landmark law that guarantees all Californians to timely Mental Health and Substance use therapy. That law was enacted on July 1, 2022.<sup>57</sup>

Locally, Riverside University Health System (RUHS) was established by the Board of Supervisors as the County of Riverside's public health system. Today, RUHS comprises the Medical Center in Moreno Valley, 60 behavioral health locations, 11 federally qualified health centers and public health sites serving half a million lives annually across Riverside

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<sup>57</sup> [Cal-Matters](#)

County, and is involved in 100+ school sites. RUHS-BH is by far the predominant treatment place for mental health, substance use and public guardian programs throughout the County of Riverside. They have one psychiatric hospital and three Behavioral Health Urgent Care sites (outsourced to Telecare Corporation) where an individual can stay up to 24 hours, after having been assessed with a plan put in place. FSP programs are comprehensive and provide intensive wellness and recovery based services for un-served or underserved adults with severe and persistent mental illness, at risk for homelessness, and/or experienced numerous psychiatric hospitalizations or incarcerations related to their mental disorder. RUHS-BH offers FSP programs for adults 26-59 and Transition Age Youth for ages 16-18 and 18-25. These programs have been the key to improving mental health outcomes, resulting in decreased arrest, emergency room visits, homelessness and increased linkage with a primary care provider. A pilot one-stop-shop is currently underway at one of RUHS's Community Health Clinic in Jurupa Valley integrating primary care and behavioral health services for all ages. The location was chosen using Census data, based on the needs and greatest gaps in holistic health care. Temecula, Blythe, and Hemet are next on the list. RUHS-BH supports Prevention and Early Intervention (PEI) programs designed to reduce the stigma to seek behavioral health care, reduce discrimination against people who carry a diagnosis and provide services that can prevent an onset of serious mental illness. PEI also fund individuals without a diagnosis who can benefit from short-term interventions. RUHS-BH supports the No Place Like Home (NPLH) projects. Believing that housing, stability, and community contribute to good mental health, NPLH offers apartments and small family residences, as outpatients heal and receive treatments. Access to laundry, groceries, a library, animal kennels, recreation areas, Urgent care and vocational classes are all available on site. Round 1 of this gigantic project has produced 634 housing units.

### **A3: County Suicide Prevention & Early Intervention Resources**

A Riverside County Administrator said that it takes 57 service encounters before a behavioral health patient will want to comply with a program for treatment. The resources listed below assist in this effort. (Riverside County agencies are aware of, offering support, and taking gatekeeping training.) Some efforts are highlighted below to show how Riverside is responding, how it coordinates efforts with the newly formed statewide Office for Suicide Prevention, and coordination between RUHS-BH and the new CARES Court.

- Riverside County Suicide Prevention Coalition, is made up of eight subcommittees and workgroups. Each subcommittee has their own unique set of goals and objectives that work toward advancing the goals of the strategic plan, with their mission to eliminate suicide in Riverside County. The Coalition has Quarterly Meetings that are open to all.<sup>58</sup>
  - Vision: Working collaboratively in Riverside County to eliminate suicide deaths and suicide attempts and increase resources and supports.

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<sup>58</sup> [Riverside County Suicide Prevention Coalition](#)

- Core Beliefs:
  - Suicide is often preventable with the right knowledge and skills.
  - Everyone can play a role in suicide prevention, regardless of background or experience.
- TIPS (Trauma Intervention Programs): TIPS is a 501C non-profit based in Murrieta. Servicing Riverside County are 19 crisis teams, each consisting of 4 professionals and community volunteers: Clinical therapist, Peer Support specialist, Substance use specialist and a homeless & housing case manager, who are available 24/365. Their phone # is 951-698-2453, their website is Tiprivco.org. Each team focus on 1 of 3 specialties: psychiatric emergency, field based homeless outreach, or substance abuse navigation and care coordinator. They are based in Riverside, Blythe, Temecula and Hemet to cover the County. They are called by police, fire, paramedics, hospitals, Coroner's office and the public to assist family and friends following a death, violent crime, disorientated or lonely older adults, car accidents, and survivors of suicide. TIPS was founded in 1993. They have 38 volunteers serving seven jurisdictions, five hospitals, five safety agencies. Their website's mission statement ("they provide emotional first aid to survivors of tragedy") and their main goal is to prevent 2<sup>nd</sup> injuries, as in, more trauma. In 2022, they had 591 calls, 1,819 clients assisted, 996 first responders assisted, 2,042 hours on the scene, 12,455 miles driven, 3,008 number of services provided, and received an average of 50 calls per month.
  - [Riverside County will be expanding its mental health mobile crisis teams program](#)
- Telecare: Telecare Riverside is family and employee owned, and has been treating mental health patients since 1965. Their business consists of 71% County behavioral health, 5% of state behavioral health, 5% criminal justice, 8% regional centers, 6% health plans, and 5% other.
  - Telecare's programs are 52% outpatient, 11% subacute, 13% acute, 2% crisis, and 21% are residential.
  - The populations served are 69% serious mental health, 13% criminal justice, 1% substance abuse, 10% older adults, 4% transition youth, 1% adolescent and 2% developmental disabilities combined with serious mental illness.
  - Telecare Riverside County has two community-based programs: ACT/full-service partnership, case management, and crisis walk-in centers in Perris and Riverside. They have six inpatient programs: acute, subacute, crisis residential, four in Riverside and two in Indio.
  - Telecare Resources:
    - 24/7/365 Mental Health Urgent Care – provides mental health screening and assessment services and medications to address the needs of those in crisis in a safe, efficient, trauma-informed, and least-restrictive setting. Two locations, 9990 County Farm Road, Riverside, 951-509-2499 (18+) and 85 Ramona Expressway Suites 1-3, Perris, 951-349-4105 for ages 13+.

- RUHS-BH operates a continuum of care system, contracts with Telecare to operate the Lagos Facility, a crisis residential treatment designed to serve ages 18-59 who are experiencing acute psychiatric crisis and whose adaptive functioning is moderately impaired.
- Mobile Crisis Units throughout Riverside County: These teams have been the superheroes among us, not to mention saving the County millions of dollars. Follow-up data has shown that 60 days after contact with a crisis team, 95% of patients have improved mental health. People experiencing mental illness may rely on going to the ER, but once released they do not receive the follow-up after-care, so they either return to the ER and/or continue suicidal ideation.
  - These crisis teams specializing in various situations are available to the citizens of Riverside County:
    - Mobile Crisis Response Teams (MCRT) – available to hospitals access patients
    - Community Behavioral Assessment Team (CBAT) – available to ride along with law enforcement
    - Mobile Crisis Management Teams (MCMT) – behavioral health, substance abuse, housing team
    - Justice Outreach Team (JOT) – teams that help in Justice centers
    - Community Assessment Transportation Team (CATT) – RUHS clinicians partner with EMTs to respond to people in crisis. Hemet area only. 951-782-5234
    - All together there are 39 teams operating in the County of Riverside, strategically located in 5 areas.
- CARE Court: In 2022 the State of California enacted a law (SB-1338) that requires all 58 counties to establish Community Assistance, Recovery, and Empowerment Court (CARE Courts) that requires counties to provide comprehensive treatment to the most severely impaired and untreated Californians. The program will focus on individuals on the schizophrenia spectrum or those that have psychotic disorders, who may also have substance abuse challenges, or who lack medical decision-making capacity. Patients will be held accountable to their 12-24 month treatment plan, which includes medication, housing, a public defender, and a supporter to help them navigate the plan. Those that cannot successfully complete their treatment plan may be referred for a conservatorship. Riverside County will be one of seven pilot programs to launch CARE Court in October 2023. All other 51 counties will launch in December 2024.
- CARES Line: 800-499-3008. CARES stands for Community Access Referral Evaluation and Support and it is an access phone line for consumers who reside in Riverside County. CARES provides behavioral health and substance use screenings to consumers and are referred/linked to appropriate services. Calls are answered by Riverside County licensed clinicians. Previously, there were two operating lines providing this service: MH CARES Line only provided mental health services/resources and SU CARES Line provided substance use services/resources. This caused confusion and inconvenience to consumers,

as they would have to call both lines if they required both services. Therefore, in July 2020, the merging of both access lines began with the physical relocation of SU CARES into MH CARES office space. In December 2020, the phone lines merged into one number. When consumers call either of the original phone numbers, they are informed of the new number and are re-directed to the new line.<sup>59</sup>

- [RUHS-BH Hemet Mental Health Services](#): 951-791-3300. Provides outpatient treatment, psychotropic medication, trauma therapy and cognitive behavioral therapy to adults, young adults and older adults 65 or older. They also support people requiring dual diagnosis treatment and those with serious mental illness. Those services could include psychosocial rehabilitation, illness management and recovery and case management.
- [Oasis Community Services](#): Provides outpatient treatment to all ages, and also support transitional young adults, people with serious mental illness and children/adolescents with serious emotional disturbance. Also, they help with supported housing, illness management and recovery and psychosocial rehabilitation services. Locations include Banning (951-588-2553), Coachella (760-541-8520), and Indio (760-391-6999).
- [RUHS Multi-Dimensional Family Therapy](#): Provides outpatient consisting of psychotropic medication, trauma therapy, and group therapy to children/adolescents. They support dual diagnosis treatment. Desert Region (760-863-8527), Lake Elsinore (951-245-7663), Mid-County Region (951-940-670), Riverside Children (951-358-5730).
- [Riverside County Department of Mental Health](#): Temecula Mental Health Adult Services. An outpatient clinic that provides ongoing behavioral health treatment for significant long-term behavioral health challenges as well as crisis intervention, intake assessments case management, psychiatric evaluations, psychiatric medications treatment dual-diagnosis services 5150 evaluates and short term crisis support for adults ages 18+.
- [Up2Riverside](#): A local campaign whose focus is anti-stigma suicide prevention using social media and technological resources. It's Up 2 Us Riverside has an abundance of resource materials. Their website focuses on how parents and guardians can have conversations with children about substance use such as opioids, fentanyl, alcohol, marijuana, prescription medications, e-cigarettes, and vapes. There is also information on Narcan and how to recognize an overdose.
- [TakemyHand](#): A resource of RUHS-BH, is a live peer-to-peer chat interface for those 16+ who are looking for emotional support, experiencing stress, feeling anxious or distress. The peer support specialists are those who have lived similar experiences, in recovery, able to role model, have taken intense training and will help visitors to build resiliency. All interactions are free, anonymous, and no identifying information is collected. Hours are M-TH 8am to 5pm and Fridays 8 am to 4 pm.
- [Riverside County 24/7 Mental Health Urgent Care](#): 951-509-2499. This location is for ages 18+ and all are welcome regardless of ability to pay.

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<sup>59</sup> [Riverside County Behavioral Health Commission, Meeting Minutes, February 2021](#)

- HELpline: 951-686-HELP (4357). Riverside 24 Hour Crisis/Suicide Intervention. A free confidential service, operated by highly trained volunteers, open 24/7.
- Riverside Network of Care for Behavioral Health: Offers mental health resources on local service and legislation.
- Jefferson Transitional Programs: 951-686-5484. This is a non-profit offering vocational, supported living and educational programs for more than 10,000 individuals annually with chronic mental illness or dual-diagnosis, many of whom are homeless.
- Peer Navigation line: 888-768-4968. Talk to somebody just recovered from mental illness issues in Riverside County.
- Chabad Jewish Community Center: 951-222-2005. Offers counselling, outreach to the housebound, prisons, drug and alcohol rehabilitation.
- Jewish Family Service (JFS) of the Desert: 760-325-4088. Offers individual family and group counselling for a sliding scale fee as well as RCHC, Medi-Cal, Medicare and most private insurances. JFS has counsellors at 12 schools in PSUSD providing free counselling for students and families.
- Riverside County 24/7 Mental Health Urgent Care: Palm Springs 442-268-7000
- Crisis Stabilization Unit: Indio, 760-863-8600
- Take Action for Mental Health (previously Each Mind Matters): California’s mental health movement highlighting the collective efforts of people who want to put an end to the stigma of mental health. They offer a collection of resources for parents, educators and communities where one feels comfortable in reaching out to get the help and support they need.
- National Alliance & Mental Illness: Coachella Valley, 888-881-0264

#### A4: **The Role of Schools**

- CAREspace (Community Access Relationships Emotional Wellness): Through partnerships with Riverside Latino Commission, RUHS-BH, Boys & Girls Clubs of the San Gorgonio Pass, and Riverside County Department of Animal Services, they provide mental health and related services to students, families, schools, and the community of Riverside County. There are ten care spaces in Riverside County which offer free counselling for students. Students experiencing stress may have three to five sessions. These students may be at risk for suicide and may be sent to trauma or rehab centers. CAREspace is a dedicated location for students to re-charge, re-focus, and get into the right headspace for learning while providing access to mental health and related services to students, families, schools, and the community of Riverside County. The “CARE” in CAREspace refers to Community, Access, Relationships, and Emotional Wellness.

CAREspace Impact:

- 10 Riverside County CAREspace locations
- 3,105 individuals received services from CAREspace
- Over 3,000 counseling sessions provided

- Over 50+ events and awareness; includes 2,000+ more served
- Increased emotional and mental wellness for students and families
- Over 5,000 unique webpage views
- 23 Riverside County school districts served
- Restorative Practices, Bullying Prevention & Intervention, Suicide Prevention & Intervention: RCOE assists all Riverside County School Districts in improving behavior, stress reduction methods, conflict resolution, and building relationships. Addressing school climate is a major priority in tackling the factors that lead to a negative school experience and poor student achievement. Peer-reviewed research has found that a positive school climate affects students' academic performance, well-being, and risk management skills.
- School-Based Mental Health Services Grant Program (SBMH):<sup>60</sup> School-based activities can make a profound difference in the lives of teens with a relatively small infusion of support to schools. More than 95% of U.S. youth spend much of their daily lives in school. While their primary goal is academic learning, schools can take evidence-based steps to foster the knowledge, skills and support needed to help prevent and reduce the negative impact of violence and other trauma and improve mental health. For example, safe and trusted adults—like mentors, trained teachers, and staff—can help foster [school connectedness](#), so that teens know the people around them care about them, their well-being, and their success. Schools can provide education that equips teens with essential skills, such as understanding and ensuring true sexual consent, managing emotions, and asking for what they need. Schools can also connect teens to their classmates and communities through school-based clubs and community outreach.<sup>61</sup> RCOE applied for the SBMH grant in partnership with Moreno Valley USD, Jurupa USD, Beaumont USD, Cal Baptist Univ. and RUHS-BH. The proposal was selected for funding and received \$15.6 million dollars. These funds will allow an increase in the number of credentialed school-based mental health service providers delivering school-based mental health services to students in Local Educational Agencies (LEAs). The program will initially serve students in three districts, and additional local educational agencies across the County will be added over the five-year span of the grant.
- Mental Health Spirit Week: RCOE sponsored the 2nd Annual Mental Health Spirit Week, May 2-6, 2022, in support of a national movement to raise awareness about mental health during the month of May. This year's event was a partnership with RUHS-BH and Directing Change, Inc., and the theme was "Take Action for Mental Health." During last year's event, families, students, and educators were encouraged to participate in Mental Health Spirit Week activities, and over 200 students participated in the Mental Health Matters Art Poster Contest.

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<sup>60</sup> [2022-2023 Riverside County Annual Report to the Community](#)

<sup>61</sup> [U.S. Teen Girls Experiencing Increased Sadness and Violence](#)

- Employee Wellness Program, Working on Wellness (WoW!): In addition to supporting students and their families, RCOE encourages employees in their journey toward wellness through creation of a program called WoW!. At employee level, there are programs for financial freedom, stress wow month = yoga, music, dance, support groups. Professional development trainings are available during the work day, substitute staff are used to fill in. Multi-tiered support classes for teachers are available to learn how to connect the dots, see the “red flags” and establish connection with their students.
- Virtual Wellness Center: This is a place for students, staff, and families, to find resources and tools to encourage mental health and wellness and provide strategies for coping during challenging times. This year Early Care and Education resources were added for preschool and TK families and educators. To date, 10,790 views and over 3,000 visitors to the RCOE Virtual Wellness Center.

#### **A5: Youth Suicide Prevention & Early Intervention Resources**

The CDC has collected and analyzed data on youth health and well-being for more than three decades. The aforementioned data are a critical first step to revealing, understanding, and addressing emerging threats to the health and well-being of the nation’s youth. Notably, Assembly Bill 1767, expanding school suicide prevention policies that are age appropriate to kindergarten and grades 1-6, was signed into law on October 13, 2019. The bill went into effect for the 2020-21 school year. The policy will be developed by school and community stakeholders, school-employed mental health professionals, the county mental health plan, and suicide prevention professionals. Assembly Bill 34, focused on prevention of social bullying, is in the works.<sup>62</sup>

Following are local and national suicide prevention resources for youth.

- McKinney-Vento Homeless Children and Youth Education Program<sup>63</sup> ensure that all children and youth have equal access to the same free and appropriate public education, including preschool education for homeless children and youth. RCOE staff run the behavioral health programs and restorative programs.
- Friday Night Live is a youth-orientated program catered to young people in the Riverside area. It provides activities and entertainment that promote an anti-drug, anti-drinking message to youth in the community.
- First 5 Riverside County operates Family Resource Centers in partnership with the Department of Public Social Services. These centers provide direct services and referrals to strengthen the success and well-being of families and communities within the County.
- YHIP Riverside County provides short term therapy to stabilize youth coming out of a hospital and link them up to outpatient services.

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<sup>62</sup> [Ramos Early Suicide Prevention Bill Signed Into Law](#)

<sup>63</sup> [McKinney-Vento Homeless Children and Youth Education Program](#)

- Riverside County 24/7 Mental Health Urgent Care, Perris, for Youth ages 13 and older, 951-349-4195. Targeting youth experiencing troubling thoughts, feelings or behaviors. Counselling, nursing, and psychiatric medications are available.
- In Coachella Valley, there are 121 Safe Place locations (displaying the Safe Place sign) at locations like McDonald's, libraries, commuter kiosks, police/fire stations.
- Operation Safehouse: 951-351-4418. 24 hour crisis line: 800-561-6944.
- What's Up Safehouse: 24/7 anonymous mental health texting line for ages 11-24. Text SHHELP to 844-204-0880.
- What's Up SafeHouse mobile phone app provides licensed counselors for youth 11-24 who need emotional support. It is an anonymous crisis text line available 7a.m.-11p.m., 365 days a year.
- SafeHouse of the Desert for youth in crisis, 24/7. They offer immediate and transitional programs, street outreach, and equipped to help runaways, homeless youth. See [operationsafehouse.org](http://operationsafehouse.org), or call 760-343-3211, or text SAFEHOUSE to 41444.
- Take My Hand – offers live certified peer support specialists trained to respond to questions, provide assistance and support, connect callers to resources, anonymously and without judgement. Online, phone or text: 951-955-7360
- National Crisis Textline for the deaf. Text HAND to 839863.
- TEEN LINE: 800-TLC-TEEN (852-8336), text TEEN to 839863. TEEN LINE also offers message boards, resources and information. The TEEN LINE volunteers who answer calls, emails and texts are Southern California teenagers who have received specialized training.
- 988 Suicide Prevention
  - 988 Suicide & Crisis Lifeline: For those experiencing mental health-related distress or are worried about a loved one who may need crisis support. Call or text 988.
  - Chat at [988lifeline.org](http://988lifeline.org). Connect with a trained crisis counselor. 988 is confidential, free, and available 24/7/365.
- <https://youth.gov/youth-topics/youth-suicide-prevention>
- <https://afsp.org/teens-and-suicide-what-parents-should-know>
- [https://www.aacap.org/AACAP/Families\\_and\\_Youth/Facts\\_for\\_Families/FFF-Guide/Teen-Suicide-010.aspx](https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Teen-Suicide-010.aspx)

#### **A6: Veterans Suicide Prevention & Early Intervention Resources**

The Department of Veterans Affairs (VA) has a multitude of current efforts aimed at suicide prevention.

- Veterans Center Call Center: 1-877-927-8387. <https://www.vetcenter.va.gov>
  - Colton 909-801-5762
  - Corona 951-734-0525
  - Temecula 951-302-4849
  - Victorville 760-261-5925

- [STAR \(Substance Treatment And Recovery\) Program](#): Inpatient/residential treatment programs/facilities, Outpatient treatment, VA Loma Linda STAR sober living homes
- [VA Loma Linda Healthcare System Healthcare for Homeless Veterans Program](#): Mon – Fri 8:00-4:00. 11201 Benton Street, Valor Building (32), Loma Linda; 800-741-8387 x5034
- [Riverside County Mental Health Access Clinic](#): Provides Veterans with same day access to mental health services. An Inter-Professional team of social workers, psychologists, nurses, and medical staff ready to serve Veterans. Monday-Friday 0800-1600. First floor, Wing C Ambulatory Care Center (ACC), 26001 Redlands Blvd, Redlands or VA Loma Linda, North Entrance, Module 3, 11202 Benton St, Loma Linda.
- [Riverside County Superior Court’s Veterans Court](#): Designed to supervise felony and misdemeanor Veterans through a comprehensive judicially monitored program of treatment and rehabilitation services. This court is authorized under Penal Code section 1170.9 which requires a nexus between the issues that have caused the veteran to intersect with the criminal justice system and their military service. The mission of the Riverside County Veterans Court is to provide an inter-agency, collaborative, treatment strategy for Veterans in the criminal justice system, who suffer from Post-Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), psychological issues, sexual trauma, mental health or substance abuse problems as a result of having served in the armed forces.<sup>64</sup> On January 5, 2012, Veterans Court convened for the very first time. Veterans Court is a joint effort between the Riverside County Superior Court, Veteran’s Administration (VA), and several Riverside County and City agencies including the District Attorney, Public Defender, Probation, Mental Health, Riverside Police Department, and other County Veteran agencies. The Court specifically addresses the needs of Riverside County Veterans charged with criminal offenses, and it has a 12 to 18 month program that provides treatment and rehabilitation to Veterans. Cases are taken by referral only.<sup>65</sup>
- [HUD-VASH \(HUD-Veterans Affairs Supportive Housing\)](#): Joint program between Department of Veterans Affairs and Department of Housing and Urban Development designed to assist homeless veterans by providing long term quality housing. HUD provides Housing Choice Vouchers (Section 8). VA provides intensive case management services. Connecting veterans with both community and VA resources. The Mission of the Loma Linda Healthcare System HUD-VASH program is to help veterans abandon life on the streets and rejoin society as productive citizens. This is accomplished through providing intensive case management services that reduce substance abuse and psychiatric relapses, improve the health status and employment performance of veterans and provide access to community resources.

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<sup>64</sup> [Riverside County Veterans Court](#)

<sup>65</sup> [Detention Mental Health Services](#)

- Veterans Crisis Line: The Veterans Crisis Line is a resource that connects Veterans in crisis or their families and friends with qualified, caring VA professionals. Confidential support is available 24/7. 988, Press 1, or text 838255.
- Veterans National Homeless Call Center: 24 Hours Toll Free. 877-4AIDVET (243838)
- #BeThere Campaign: <https://www.veteranscrisisline.net/BeThere.aspx>
- Gun Safety Innovations
  - Gun Lock Distribution Program
  - Gun Safety Matters Challenge
- PsychArmor S.A.V.E. (Signs, Ask, Validate, Encourage, Expedite) Training
  - Simple steps anyone can take in talking with Veterans at risk for suicide
  - Free, 25-minute online training course covers three main topics:
    - Suicide as a public health issue in the U.S.
    - Signs that a Veteran may be at risk for suicide
    - Actions people can take if they identify a Veteran at risk
  - <https://psycharmor.org/courses/s-a-v-e>
- Operation Jump 22<sup>66</sup>: Yearly event to raise funds and awareness for veterans, and support combat wounded veterans. Operation Jump 22 was founded in 2017 by a couple of Marines and a licensed skydiver having some lunch, talking about a current epidemic; how many veterans take their lives on a daily basis. For these men and women to risk their lives only to come back stateside and take their own lives is something as Americans one cannot let happen. Operation jump 22 was formed in order to create an exciting, impactful, life-changing event that brings awareness to this issue, and strive to put it to an end.
- Queen of Hearts Therapeutic Riding Center: Equine services for veterans in Jurupa Valley. The program started in 2009, and offers special days and times set aside for veterans to have “their time” with a VA certified peer support specialist available. Horses intuitively feel emotions and respond accordingly. Interacting with horses give people time to differentiate between passive, assertive and aggressive communication. Two programs are offered: Veterans Equine Assisted Psychotherapy and Equine Assisted Learning that teaches skills for team and leadership building, problem solving, and improving function at the workplace and home. Often referred by a mental health therapist who will work with the patient on the premises.
- Real Warriors: 24/7, 866-960-1020. Website has resources about psychological health, PTSD and traumatic brain injuries.
- California Veterans Health Initiative (CVHI): A \$50 million project of the Office of Suicide Prevention to establish Ending Military Suicide Task Force. The task force would be required to submit a report to the Governor and Legislature on the state of veteran

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<sup>66</sup> [Operation Jump 22](#)

suicide prevention, an analysis of plans, Activities, strategies, programs undertaken and the task force recommendations.<sup>67</sup>

- <https://www.militarytimes.com/search/suicide>
- [https://www.mentalhealth.va.gov/suicide\\_prevention/data.asp](https://www.mentalhealth.va.gov/suicide_prevention/data.asp)
- <https://www.apa.org/monitor/2022/11/preventing-veteran-suicide>
- <https://www.prainc.com/22-veteran-suicides-a-day/>

#### **A7: Older Adult Suicide Prevention & Early Intervention Resources**

- Medicare Quick Check on MYMedicareMatters.org: Older adults on Medicare should not worry about paying for mental health services.  
<https://www.mymedicarematters.org/lp/mha>
- Emergency Room Visits: The ER is a crucial setting for vulnerable populations. Despite late in life suicide prevention programs available, few older adults seek out mental health help, nor speak to their primary doctor about non-physical issues. When their mental health issues escalate, they or their families seek treatment in an emergency room setting. Once in the ER it is up to the triage to identify any mental health issues, and coordinate further assessment. Statistics show that 40% of all those who died from suicide had visited the ER at least once in the year prior and 45% had contact with their primary doctor within the last month.<sup>68</sup> Signs and symptoms of depression among older adults are under-identified because of obvious physical and medical problems, cognitive impairments, or the belief that it would be normal to be depressed with multiple losses and functional decline. Therefore less formal mental assessment and treatments are initiated. Alcoholism and mood disorders were the highest among the 65+ age group, followed by personality disorders, anxiety disorders, substance abuse, and psychotic disorders. Older adults with multiple illnesses that are frequent patients to the ER may have elevated risk of depression, suicide or suicidal ideation, but may be unrecognized. Perhaps the universal screening questions for this age group needs enhancing or modification, along with provider trainings. Since statistically older adults have the highest rate of suicide, there is an urgent need to identify suicide risk in the ER but also outpatient and non-clinical settings.<sup>69</sup>
- Upstream Committee of the Riverside County Suicide Prevention Coalition: Works on resilience and provides resources for older adults. They are distributing and sharing videos with messages of hope from youth for the aging population, following up with a survey to better understand what issues older adults face. Their goal is to start an advisory committee made up of older adults that are able to meet quarterly.

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<sup>67</sup> [California Veterans Health Initiative to Combat Suicide and Address Mental Health](#)

<sup>68</sup> [Characteristics of Older Adults Attending the Emergency Department for Suicidal Thoughts or Voluntary Intoxication: A Multicenter Retrospective Cohort Study, Cureus study in Quebec, 2021](#)

<sup>69</sup> [Screening for Suicidal Thoughts and Behaviors among Older Patients Visiting the Emergency Department. JAMA October 1, 2017.](#)

- Riverside County Network of Care for Seniors: Created with a California Department of Aging innovation grant. The project is part of a broad effort in the County to improve and better coordinate long-term care services locally.
- Riverside Office on Aging: 877-932-4100. They offer the residents of the County:
  - Family Caregiver Support Program
  - Disease Specific Education and Support Groups
  - Senior centers throughout the County (38 in total)
  - No-Contact meals depending upon risk conditions
  - Utility, medication & transportation support (up to \$300-500)
  - Heating & cooling, and other essential appliances
  - Assisted transportation to clinics
  - Overnight lodging for medical treatment
  - Nurse visit & medication management
  - Personal care, homemaker services
  - Family Caregiver support & self-care
  - Healthy eating & active living
  - Assistive devices (hearing aids, glasses, walkers, grab bars, bath chairs)
  - Minor home repair or modification (ramps)
- Friendship Line California: A free crisis intervention hotline and a warmline for non-emergency emotional support calls that began in 1973. Caters to older adults and their caretakers experiencing loneliness, bereavement, depression, anxiety, and may be at risk of suicide. Contact number is 888-670-1360.
- PEARLS (Program to Encourage Active Rewarding Lives): This program helps older adults to develop the skills needed to maintain their mental health. Their focus is on skill building rather than counseling and medication. If the program fits the individual, this is a good alternative for those who are not in any behavioral health programs. Clients meet for six to eight sessions over the course of four months in the client's home or a community based setting.<sup>70</sup>
- Mental Health Resource Centers
  - RUHS Temecula Older Adult Clinic: 951- 600-6420
  - RUHS-BH Older Adult Services Desert Hot Springs serves the Desert region: 760-773-6767
  - RUHS-BH Hemet Mental Health Services: Provides outpatient treatment, medication, trauma therapy, cognitive BH therapy, supports dual diagnosis treatment and serious mental health issues. 951-791-3300
  - Older Adult Services Perris Mental Health Clinic. 951-443-2200
  - Riverside County Department of Mental Health: 951-965-7270
  - Senior Advocates of the Desert: 760-202-1024

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<sup>70</sup> [PEARLS, UW Health Promotion Resource Center](#)

- Community Connect Helpline: Suicide counselling for seniors. 951-686-4357, available 24/7 & bilingual
- City of Riverside Network of Care's website has extensive resources for Healthy Aging
- Loma Linda University Behavioral Medical Center: Provides partial hospitalization/day treatment, individual psychotherapy, and suicide prevention services to older adults 65+. 951-290-6530
- Older Adult Services, Perris MH Healthcare. 951-443-2200
- Wellness and Recovery Clinics for Mature Adults & S.M.A.R.T. (Specialty Multidisciplinary Aggressive Response Team): Provides outreach and engagement to at risk who would not usually receive services by a multi-disciplined staff with training in evaluating mental illness and issues of aging. Most services take place in the client's homes. Run by RUHS for patients in recovery & maintaining a physical & emotional lifestyle focus on wellness, recovery and resiliency. They have long term care, public guardian, crisis resources, County mental health triage services, and mental health plans for people on Medi-Cal. They are linked with 24/7 Urgent care, Older Adult and Veterans under the regional BH Advisory Board.
  - Lake Elsinore: 951-471-4600
  - Riverside (Western Region): 951-509-2400
  - Temecula: 951-600-6420
  - San Jacinto (Mid-County): 951-791-3596
- Community Action Partnership: Food, utilities, weatherization, notary, cool & warm centers, and tax preparation help. 951-955-4900
- Independent Living Partnership: Works to ensure the independence and dignity of the elderly and persons with disabilities, their families and caregivers through education and access to empowering services and resources. 951-653-0740
- County of Riverside Network of Care: Internet based resources to improve and better coordinate long-term services. [www.riverside.networkofcare.org](http://www.riverside.networkofcare.org)
- Riverside Community Access Center: Offers support and independent living skills training. 951-274-0358
- Department of Public Social Services (DPSS): 877-410-8827
  - Adult Protective Services (APS): 800-491-7123
  - In-home support services (IHSS): 888-960-4477
- <https://sprc.org/populations/older-adults>
- <https://ncoa.org/article/suicide-and-older-adults-what-you-should-know>

## A8: LGBTQIA+ Suicide Prevention & Early Intervention Resources

- Helplines:
  - The Trevor Lifeline: National organization providing crisis and suicide prevention to LGBTQIA+ youth. 866-4-U-TREVOR (866-488-7386) or text the word “START” to 678-678. This is a 24/7 Crisis prevention and support line.
  - Boys Town National Hotline: Open 24 hours a day, 365 days a year, and staffed by specially trained Boys Town counselors. It is accredited by the American Association of Suicidology (AAS). Counselors address issues ranging from bullying and family problems to substance abuse and suicidal thoughts. Spanish-speaking counselors and translation services for more than 100 languages also are available 24 hours a day. The speech- and hearing-impaired can contact [hotline@boystown.org](mailto:hotline@boystown.org). 800-448-3000 or text VOICE to 20121.
  - Trans Lifeline: 877-565-8860
  - The LGBTQI Youth Talk line (Youth serving youth through age 25): 800-246-9943
  - LGBTQIA+ National Hotline: 888-843-4564
  - GLBT National Hotline: 888-843-4564
  - National Coalition Of Anti-Violence Programs: 212-714-1141 (English And Spanish)
  - GLBT National Youth Talkline: 800-246-7743
  - DeHQ: LGBTQ Helpline For South Asians: 908-367-3374
- Desert Aids Project Health (DAP): Located in Palm Springs, it provides whole health services to clients with or without medical insurance. DAP started out as an HIV mobile clinic in the 1980s. Presently 70% of their clients do not have HIV. Located in Palm Springs, DAP treats ages 16-90, of which 26% have no medical insurance. Furthermore, in Coachella Valley, 46% of the population are below poverty level and 40% need behavioral health and/or addiction services. To respond, DAP Health is more than doubling its capacity to deliver life-saving access to psychologists, therapists, and psychiatrists.<sup>71</sup> 760-323-2118
- DAP Impact Tour: Impact Hours provide a tour of the DAP campus, hear about programs, meet staff and hear from patients. Impact Hours are held after the clinic closes on a Wednesday evening and usually last about an hour. 760-323-2118
- Transgender Community Coalition (now merged with Transgender Health and Wellness Center): Palm Springs, Riverside, and Cathedral City. Founded in 2014, all volunteer team that monitors inmates to be free of sexual violence and provide safe community re-entry. [info@transcc.org](mailto:info@transcc.org), 833-944-5433
- National Queer and Trans Network Therapists of Color Network: A space for queer, gender nonconforming trans-therapist to advance justice.
- Family Acceptance Project: A research, intervention, education and policy initiative to prevent health and mental health risks and to promote well-being for LGBTQ children

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<sup>71</sup> [DAP Community Impact Report, 2022](#)

and youth, including suicide, homelessness, drug use and HIV – in the context of their families, cultures and faith communities.

- <https://www.thetrevorproject.org>

#### **Disclaimer**

Reports issued by the Civil Grand Jury do not identify individuals interviewed. Penal Code §929 requires that reports of the Civil Grand Jury not contain the name of any person or facts leading to the identity of any person who provides information to the Civil Grand Jury.

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